

## COMMUNITY ADVISORY COMMITTEE DOCUMENTATION

**Use of form:** Completion of this form by applicants for licensure of Group Foster Homes for Children and Residential Care Centers for Children and Youth is required pursuant to s. 48.68(4), Wis. Stats. and DCFS Memo Series 2000-1. Failure to comply may result in denial of license application. Personally identifiable information on this form is collected to determine compliance with s. 48.68(4) and eligibility for licensure and is not likely to be used for purposes other than that for which it is originally being collected.

**Instructions:** Before completing this form, please refer to the attached "DCFS Memo Series 2000-1 Re: Community Advisory Committee." The completed form should be returned to the Division of Children and Family Services licensing specialist. **If additional space is needed when filling out this form, attach a separate sheet.**

Type - Proposed Facility <input type="checkbox"/> Group Foster Home for Children (GFC) <input type="checkbox"/> Residential Care Center for Children and Youth (RCC)	Name - Proposed Facility
Address - Proposed Facility (Street, City, Zip Code)	

### I. AREA NEIGHBOR MEETING

For applicants who held a meeting, provide the following information.

Date - Meeting (mm/dd/yyyy)	Number of People Who Attended
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### II. COMMUNITY ADVISORY COMMITTEE

- A. For applicants who were unable to hold a meeting with area neighbors and the local unit of government, document how you made a good faith effort to establish a community advisory committee. See suggestions under "Enforcement" in attached Memo Series.

- B. ☐ Yes ☐ No Is a community advisory committee being formed?  
If "No", explain why a committee is not being / can not be formed.

If you responded "Yes" to II. B., provide the following information pertaining to the composition of your committee.

**Facility Representatives**

1. Name	Telephone Number
Address (Street, City, State, Zip Code)	
2. Name	Telephone Number
Address (Street, City, State, Zip Code)	

**Neighborhood Representatives**

1. Name	Telephone Number
Address (Street, City, State, Zip Code)	
2. Name	Telephone Number
Address (Street, City, State, Zip Code)	
3. Name	Telephone Number
Address (Street, City, State, Zip Code)	
4. Name	Telephone Number
Address (Street, City, State, Zip Code)	

**Local Government Representatives**

1. Name	Telephone Number
Address (Street, City, State, Zip Code)	
2. Name	Telephone Number
Address (Street, City, State, Zip Code)	

**III. APPLICANT INFORMATION**

Name	
Address (Street, City, State, Zip Code)	
SIGNATURE - Applicant	Date Signed